

# Los Angeles County Sheriff's Department

## Supervisor's Report on Use of Force

Page 1 of 6

### Incident Information

URN: 4 0 8 - 2 3 1 7 1 - 0 4 5 4 - 1 4 5		Date: 12/24/08	Time: 0055 hrs
Location: Firestone Boulevard/ Pioneer Boulevard	City or Station: Norwalk, CA.		
Bureau/Station/Facility: F.O.R. III / Norwalk Station	Admin. Investigation: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
Type of Force: Significant / Control Holds/Personal Weapons/Flashlight/Takedown			
Deputy Injury: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Suspect Injury YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
<input type="checkbox"/> Call	<input checked="" type="checkbox"/> Observation	<input type="checkbox"/> Detail	<input checked="" type="checkbox"/> Foot Pursuit <input type="checkbox"/> Vehicle Pursuit
IAB Notified: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Person Notified: Lt. Brickert	Emp: [REDACTED]	IAB Roll Out: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

### Involved Employee

E1	Employee # [REDACTED]	Last Name: Sanchez	First Name: Juan	Middle Name: C.
Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Race: H	Unit of Assignment: Norwalk Station	Work Assignment (Unit #, Module, etc.): 43K1	
Shift: <input checked="" type="checkbox"/> EM <input type="checkbox"/> Day <input type="checkbox"/> PM	<input checked="" type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty	Age: [REDACTED]	Height: 6'00"	Weight: 215
<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Hospital: [REDACTED]			Coroner Case #	Directed Force <input type="checkbox"/> Significant Force <input checked="" type="checkbox"/>

E2	Employee # [REDACTED]	Last Name: McMorro	First Name: Michael	Middle Name: D.
Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Race: W	Unit of Assignment: Norwalk Station	Work Assignment (Unit #, Module, etc.): 45K4	
Shift: <input type="checkbox"/> EM <input type="checkbox"/> Day <input checked="" type="checkbox"/> PM	<input checked="" type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty	Age: [REDACTED]	Height: 6'01"	Weight: 225
<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Hospital: [REDACTED]			Coroner Case #	Directed Force <input type="checkbox"/> Significant Force <input checked="" type="checkbox"/>

E3	Employee # [REDACTED]	Last Name: Sotomayor	First Name: David	Middle Name: NMN
Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Race: H	Unit of Assignment: Norwalk Station	Work Assignment (Unit #, Module, etc.): 45K2	
Shift: <input checked="" type="checkbox"/> EM <input type="checkbox"/> Day <input type="checkbox"/> PM	<input checked="" type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty	Age: [REDACTED]	Height: 5'08"	Weight: 180
<input checked="" type="checkbox"/> Injured <input checked="" type="checkbox"/> Treated <input type="checkbox"/> Admitted Hospital: [REDACTED]			Coroner Case #	Directed Force <input type="checkbox"/> Significant Force <input checked="" type="checkbox"/>

### ☒ Additional Involved Employees

#### On Duty Supervisor

Emp. # [REDACTED]	Last Name: Reveles	First Name: Joe	Middle Name: I.	Rank: Sgt	Present: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Witness to Incident: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Emp. # [REDACTED]	Last Name: [REDACTED]	First Name: [REDACTED]	Middle Name: [REDACTED]	Rank: [REDACTED]	Present: YES <input type="checkbox"/> NO <input type="checkbox"/>	Witness to Incident: YES <input type="checkbox"/> NO <input type="checkbox"/>

#### Watch Sergeant

Emp. # [REDACTED]	Last Name: Hanson	First Name: Amylynn	Middle Name: NMN
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#### Watch Commander

Emp. # [REDACTED]	Last Name: Evans	First Name: Bill	Middle Name: S.
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Lieutenant Bill Evans

Watch Commander (Print Name)

Sergeant Joe I. Reveles

Supervisor Completing Form: (Print Name)

Capt. Patrick E. Maxwell

Unit Commander (Print Name)

Watch Commander's Signature: [Signature]

Emp #: [REDACTED] Date: 01-08-09

[Signature]

Copy Provided to Employee by:

Emp #: [REDACTED]

Unit Commander's Signature: [Signature]

Emp #: [REDACTED] Date: 02-02-09

DISCOVERY Use Only

FO# 2237076

2/3/09

CONTENTS  
NOTED  
J. SCROGGIN

Original: Discovery Unit  
Copy: Unit Commander

SH-R-438P (Rev. 12/07)

# Supervisor's Report on Use of Force INVOLVED EMPLOYEE - Continuation

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Involved Employee									
<b>E</b> 4	Employee #	Last Name	First Name		Middle Name				
		Velasquez	Steven		A.				
	Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Race: H	Unit of Assignment: Norwalk Station		Work Assignment (Unit #, Module, etc.): 45K1				
	Shift: <input checked="" type="checkbox"/> EM <input type="checkbox"/> Day <input type="checkbox"/> PM	<input checked="" type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty		Age: [REDACTED]	Height: 5'09"	Weight: 215			
					Coroner Case #		Directed Force <input type="checkbox"/> Significant Force <input checked="" type="checkbox"/>		
					Hospital: _____				
<b>E</b> 5	Employee #	Last Name	First Name		Middle Name				
		Castanon	Domenic		J.				
	Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Race: H	Unit of Assignment: Norwalk Station		Work Assignment (Unit #, Module, etc.): 43T1				
	Shift: <input checked="" type="checkbox"/> EM <input type="checkbox"/> Day <input type="checkbox"/> PM	<input checked="" type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty		Age: [REDACTED]	Height: 5'08"	Weight: 210			
					Coroner Case #		Directed Force <input type="checkbox"/> Significant Force <input checked="" type="checkbox"/>		
					Hospital: _____				
<b>E</b>	Employee #	Last Name	First Name		Middle Name				
	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race:	Unit of Assignment:		Work Assignment (Unit #, Module, etc.):				
	Shift: <input type="checkbox"/> EM <input type="checkbox"/> Day <input type="checkbox"/> PM	<input type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty		Age:	Height:	Weight:			
					Coroner Case #		Directed Force <input type="checkbox"/> Significant Force <input type="checkbox"/>		
					Hospital: _____				
<b>E</b>	Employee #	Last Name	First Name		Middle Name				
	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race:	Unit of Assignment:		Work Assignment (Unit #, Module, etc.):				
	Shift: <input type="checkbox"/> EM <input type="checkbox"/> Day <input type="checkbox"/> PM	<input type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty		Age:	Height:	Weight:			
					Coroner Case #		Directed Force <input type="checkbox"/> Significant Force <input type="checkbox"/>		
					Hospital: _____				
<b>E</b>	Employee #	Last Name	First Name		Middle Name				
	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race:	Unit of Assignment:		Work Assignment (Unit #, Module, etc.):				
	Shift: <input type="checkbox"/> EM <input type="checkbox"/> Day <input type="checkbox"/> PM	<input type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty		Age:	Height:	Weight:			
					Coroner Case #		Directed Force <input type="checkbox"/> Significant Force <input type="checkbox"/>		
					Hospital: _____				

# Supervisor's Report on Use of Force SUSPECT INFORMATION

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**S** 1

Suspect Information									
Last Name			First Name			Middle Name			
Cardenas			Ernie			NMN			
AKA Last Name			First Name			Middle Name			
Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Race: <input type="checkbox"/> H <input type="checkbox"/> O <input type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/> I <input type="checkbox"/> E <input type="checkbox"/> S	Street Address:			City:		State & Zip Code:	
					Bell Gardens		CA / 90201		
Work Phone:		Home Phone:		Age:	Height:	D.O.B.	Weight:	Armed?	
None				19	5'07"	12/16/89	220	<input type="checkbox"/>	
Booking #:		Primary Charge Code:		Secondary Charge Code:		Criminal History			
1741405		69 P.C.		243(b) P.C.		<input checked="" type="checkbox"/>			
EMT in attendance?			Name:			Unit:		Phone #:	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			Captain Lomeli			Fire Eng. #20			
Hospital Admission?			Rec'd Treatment At:			Coroner Case #:		Mental History	
<input type="checkbox"/>			Coast Plaza Doctors Hospital					<input type="checkbox"/>	
By Doctor:			Address:			Phone #:			
John Goff			13100 Studebaker Road Norwalk, CA 90650			(562) 868-3751			
Under Influence:			Substance:			Mental Illness			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						<input type="checkbox"/>			
Suspect Interview									
Date:		Time:		Audiotape:		Videotape:		Photos of Injuries:	
12/24/08		0420		<input type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>	

**S**   

Suspect Information									
Last Name			First Name			Middle Name			
AKA Last Name			First Name			Middle Name			
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Race: <input type="checkbox"/> H <input type="checkbox"/> O <input type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/> I <input type="checkbox"/> E <input type="checkbox"/> S	Street Address:			City:		State & Zip Code:	
Work Phone:		Home Phone:		Age:	Height:	D.O.B.	Weight:	Armed?	
								<input type="checkbox"/>	
Booking #:		Primary Charge Code:		Secondary Charge Code:		Criminal History			
						<input type="checkbox"/>			
EMT in attendance?			Name:			Unit:		Phone #:	
<input type="checkbox"/> YES <input type="checkbox"/> NO									
Hospital Admission?			Rec'd Treatment At:			Coroner Case #:		Mental History	
<input type="checkbox"/>								<input type="checkbox"/>	
By Doctor:			Address:			Phone #:			
Under Influence:			Substance:			Mental Illness:			
<input type="checkbox"/> YES <input type="checkbox"/> NO						<input type="checkbox"/>			
Suspect Interview									
Date:		Time:		Audiotape:		Videotape:		Photos of Injuries:	
				<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

**S**   

Suspect Information									
Last Name			First Name			Middle Name			
AKA Last Name			First Name			Middle Name			
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Race: <input type="checkbox"/> H <input type="checkbox"/> O <input type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/> I <input type="checkbox"/> E <input type="checkbox"/> S	Street Address:			City:		State & Zip Code:	
Work Phone:		Home Phone:		Age:	Height:	D.O.B.	Weight:	Armed?	
								<input type="checkbox"/>	
Booking #:		Primary Charge Code:		Secondary Charge Code:		Criminal History			
						<input type="checkbox"/>			
EMT in attendance?			Name:			Unit:		Phone #:	
<input type="checkbox"/> YES <input type="checkbox"/> NO									
Hospital Admission?			Rec'd Treatment At:			Coroner Case #:		Mental History	
<input type="checkbox"/>								<input type="checkbox"/>	
By Doctor:			Address:			Phone #:			
Under Influence:			Substance:			Mental Illness:			
<input type="checkbox"/> YES <input type="checkbox"/> NO						<input type="checkbox"/>			
Suspect Interview									
Date:		Time:		Audiotape:		Videotape:		Photos of Injuries:	
				<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

# Supervisor's Report on Use of Force

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## Method

(AW) Arwen	(FH) Firearm (Handgun)	(PO) Personal Weapon (Other)
(BC) Baton: (Control)	(FR) Firearm (Rifle)	(RS) Resistance
(BI) Baton: (Impact)	(FS) Firearm (Shotgun)	(CN) Restraint Device (Capture Net)
(BF) Bodily Fluids	(FO) Firearm (Other)	(RH) Restraint Device (Handcuffs)
(CN) Canine	(FB) Flashbang	(HB) Restraint Device: Hobble (Legs Only)
(CR) Carotid Restraint	(FL) Flashlight	(TP) Restraint Device: Hobble (TARP)
(CH) Choke Hold	(OE) Other Weapon: Edged	(RE) Restraint Device: REACT Belt
(CT) Control Holds: (Control Techniques)	(OV) Other Weapon: Vehicle	(SP) Sap
(TT) Control Holds: (Team Takedown)	(OB) Other Weapon: Blunt Object	(SH) Shield
(TD) Control Holds: (Takedown)	(OO) Other Weapon: Other	(SG) 37mm Stinger
(CE) Chemical	(PK) Personal Weapon: Feet/Leg: (Kick)	(SB) Sting Ball
(OC) Chemical Agents (OC Spray)	(PS) Personal Weapon: Feet/Leg: (Sweep)	(ST) Stun Bag
(TG) Chemical Agents (Tear Gas)	(PH) Personal Weapon (Hand/Arm)	(TR) Taser
(EX) Explosives	(PP) Personal Weapon (Push)	(UC) Uncooperative

## Type of Injury

(AB) Abrasion	(DB) Dog Bite	(PA) Paralysis
(BR) Bruise	(FR) Fractures	(PW) Puncture Wound
(BU) Burn	(GS) Gunshot	(SD) Soft Tissue Damage
(CP) Complaint of Pain	(HB) Human Bite	(ST) Sprain/Twists
(CO) Concussion	(LC) Lacerations	(UN) Unconscious
(DH) Death	(ND) Nerve Damage	(RM) Refused Med Treatment
(DI) Dislocation	(OD) Organ Damage	(NN) NONE

## Body Part Injured

(AD) Abdomen	(FA) Face	(HI) Hip
(AK) Ankle	(FE) Feet	(IN) Internal
(AR) Arm	(FI) Fingers	(KN) Knees
(BK) Back	(GE) Genitals	(LE) Leg
(BT) Buttocks	(GR) Groin	(NK) Neck
(CH) Chest	(HD) Hands	(NO) Nose
(EL) Elbow	(HE) Head	(SH) Shoulder
		(WR) Wrist

FORCE USED BY		FORCE USED AGAINST		Method (Code)	Type of Injury (Code)	Body Part (Code)
Name	E# or S#	Name	E# or S#			
Cardenas, Ernie	S#1	Sanchez, Juan C	E#1	PH/RS/PP	NN	NN
Sanchez, Juan C	E#1	Cardenas, Ernie	S#1	PH	NN	NN
Cardenas, Ernie	S#1	Sanchez, Juan C	E#1	PH/RS	NN	NN
Cardenas, Ernie	S#1	Sotomayor, David	E#3	PH	CP	FA
Sotomayor, David	E#3	Cardenas, Ernie	S#1	PH	BR	FA
Cardenas, Ernie	S#1	McMorrow/Sotomayor/Velasquez	E#2,3,4	OO	NN	NN
Velasquez, Steven	E#4	Cardenas, Ernie	S#1	CT	NN	NN
McMorrow, Michael	E#2	Cardenas, Ernie	S#1	FL	BR/AB	SH
Cardenas, Ernie	S#1	Sotomayor, David	E#3	PH	NN	NN
Sotomayor, David	E#3	Cardenas, Ernie	S#1	PH	BR/AB	FA
Cardenas, Ernie	S#1	Sotomayor/Castanon	E#3,5	UC/RS/PH	CP	HD
Sotomayor/Castanon	E#3,5	Cardenas, Ernie	S#1	TD	LC	HE
Cardenas, Ernie	S#1	Sotomayor/Castanon	E#3,5	UC/RS/PH	NN	NN
Velasquez, Steven	E#4	Cardenas, Ernie	S#1	FL	BR/AB	BK
Cardenas, Ernie	S#1	McMorrow/Sotomayor/Velasquez/Castanon	E#2,3,4,5	UC/RS/PH	CP	HD
McMorrow/Sotomayor/Velasquez	E#2,3,4	Cardenas, Ernie	S#1	CT	NN	NN
Castanon, Domenic	E#5	Cardenas, Ernie	S#1	PH	BR	BK
Cardenas, Ernie	S#1	McMorrow/Sotomayor/Velasquez/Castanon	E#2,3,4,5	RS/UC/PK	NN	NN
McMorrow/Sotomayor/Velasquez/Castanon	E#2,3,4,5	Cardenas, Ernie	S#1	CT	NN	NN

**Supervisor's Report on Use of Force**  
**408-23171-0454-145**

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**Force Applied**

**SIGNIFICANT FORCE / CONTROL HOLDS/PERSONAL WEAPONS/FLASHLIGHT/TAKEDOWN**

**Incident Details**

Deputy Sanchez conducted a pedestrian stop on Suspect Cardenas for creating a traffic hazard. Deputy Sanchez placed the suspect in the rear of the patrol car. He subsequently ran the suspect for warrants and discovered Suspect Cardenas was wanted for a 288.5 P.C., no bail warrant. Deputy Sanchez opened the rear door of the patrol unit and had the suspect turn away to facilitate handcuffing him. When Deputy Sanchez attempted to handcuff him, Suspect Cardenas pulled away, spun toward Deputy Sanchez, put his left foot outside the radio car and pushed him away. He then struggled his way out of the back seat. Deputy Sanchez struggled to subdue Suspect Cardenas for several moments. Suspect Cardenas ultimately broke free from Deputy Sanchez' grasp and ran away.

Deputy Sanchez initiated a foot pursuit. He broadcast his situation, and when he lost sight of the suspect, a containment of the perimeter was set up. Several assisting units along with an aero unit responded. The aero unit located the suspect hiding in between a house and a wooden fence. As deputies approached and ordered the suspect out, he ran from the backyard via the gate. Deputies Castanon and Sotomayor ran after the suspect and confronted him as he turned to face them. The suspect struck Deputy Sotomayor in the face with his right fist. Deputy Sotomayor punched the suspect several times in the face with his fists. Deputy Castanon, Velasquez, and McMorro caught up to the suspect and used several flashlight and personal weapon strikes to the shoulder and back area of the suspect. The deputies used a take down maneuver to place the suspect on the ground. He was placed in handcuffs without further incident.

**Reported Use of Force by Involved Employee(s)**

The involved deputies completed written reports detailing their observations and actions. The contents of their reports were consistent with their verbal notifications regarding the use of force.

**Witness Interview(s)**

Sergeant John Wolak contacted [REDACTED] at [REDACTED]. This address was directly in front of where the force incident occurred. Ms. [REDACTED] stated she did not hear or see anything. We were unable to locate any witnesses.

**Suspect Interview(s)**

**Suspect Interview(s) Conducted By:** ☒ Watch Commander ☐ Supervising Sergeant

Suspect Cardenas' statement was videotaped. Suspect Cardenas said he was crossing Pioneer Boulevard when he was stopped by the deputy, put in the back seat of the radio car, and checked for warrants. He was

## Supervisor's Report on Use of Force 408-23171-0454-145

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told he had a warrant and that he was being arrested. When the deputy opened the door and tried to handcuff him, he pushed the deputy back. The deputy tried to hold onto him by his shirt but he pulled out of it and ran away. He attempted to hide in between some houses but was discovered. He tried to run away again, but when he ran out of the backyard several deputies caught him. He was taken to the ground by the deputies. He was then punched and kicked in the body, face, and head several times. He claimed he lost consciousness and then next thing he remembered was a paramedic speaking to him. Suspect Cardenas complained of pain to his face, head, back and abdomen. He denied striking any deputies.

### Medical Review

Suspect Cardenas was transported to Coast Plaza Doctor's Hospital for treatment and to obtain medical approval prior to booking. He was seen and treated in the emergency room by Doctor John Goff. The suspect sustained a three and one quarter inch laceration to the back of his head which required staples to close. The suspect was also treated for a concussion, abdominal pain, and multiple facial abrasions. Doctor Goff cleared Suspect Cardenas for booking at IRC.

Doctor Goff refused to give an opinion on whether the injuries sustained by Suspect Cardenas were consistent with the force reported. This is a consistent issue with Doctor Goff who feels it is not his responsibility to provide such opinions.

### Training & Tactical Review

#### ☒ Debriefing held to discuss training and tactical issues.

I de-briefed this incident with all involved personnel. I explained the options of waiting for back-up prior to handcuffing the suspect. I also emphasized the less lethal weapons (specifically a Taser) options readily available. Deputy Sanchez was engaged with the suspect and did not have the opportunity to deploy less lethal weapons. The deputies were receptive to my concerns.

The force used by Deputies Sanchez, McMorro, Sotomayor, Velasquez and Castanon was objectively reasonable, within Department policy and properly reported. I recommend no further action.

### Watch Commander's Review

I have examined the documentation associated with this incident. The force used was reasonable.

I recommend no further action.

### Case Status

This case was filed with the Bellflower District Attorney's Office. Charges against Suspect Cardenas for the violations of Penal Code § 69, Resisting Executive Officers and Penal Code § 243 (b), Battery Against a Peace Officer were pending at the time of this report.

